

NATIONAL COUNCIL OF INSURANCE LEGISLATORS
JOINT STATE-FEDERAL RELATIONS & INTERNATIONAL INSURANCE ISSUES
COMMITTEE
INTERIM COMMITTEE MEETING – SEPTEMBER 25, 2026
DRAFT MINUTES

The National Council of Insurance Legislators (NCOIL) Joint State-Federal Relations & International Insurance Issues Committee met via Zoom on Friday, September 25, 2026 at 12:00 p.m. ET.

New York Assemblyman Erik Dilan, Chair of the Committee, presided.

Other members of the Committee present were:

Rep. Matt Lehman (IN)
Rep. Michael Meredith (KY)
Rep. Brenda Carter (MI)
Sen. Lana Theis (MI)
Asm. Jarett Gandolfo (NY)

Rep. Meredith Craig (OH)
Rep. Brian Lampton (OH)
Rep. Tom Oliverson, M.D. (TX)
Sen. Cale Case (WY)

Other legislators present were:

Rep. Carolyn Hall (AK)
Rep. Zack Gramlich (AR)
Sen. Mike Webber (MI)
Sen. Jeff Barta (ND)
Rep. Carl Anderson (SC)

Also in attendance were:

Will Melofchik, NCOIL CEO
Christa Rapoport, NCOIL General Counsel
Pat Gilbert, NCOIL Director of Policy, Administration & Member Services

QUORUM

Upon a Motion made by Sen. Lana Theis (MI) and seconded by Rep. Michael Meredith (KY) the Committee voted without objection by way of a voice vote to waive the quorum requirement.

INTRODUCTORY REMARKS

Asm. Erik Dilan (NY) stated the purpose of today's meeting is to conduct some business before our November meeting in Florida. Today we will continue discussion on the NCOIL Strengthening Transparency in the 340B Drug Pricing Model Program Act and take any comments on the model laws scheduled for re-adoption in November. This will help ensure that we move through the agenda in a timely manner in Florida.

CONTINUED DISCUSSION ON THE NCOIL STRENGTHENING TRANSPARENCY IN THE 340B DRUG PRICING PROGRAM MODEL ACT

Asm. Dilan stated this topic first came on the Committee's radar at last year's Annual Meeting in Atlanta. As we all know, this is something that's been frequently discussed both at the state and federal levels over the past several years. I know many of us here today have dealt with this program extensively in our respective states, and significant effort has

gone into shaping this Model so far. The goal of today's meeting is to take final comments on the Model so that the committee can continue preparation for a potential vote on this matter at the Annual Meeting in November. We've held discussions on this topic at two meetings, and now both I and the sponsor believe that it could be ready for potential vote in Florida this November and that is consistent with NCOIL's typical model law development timeline.

Of course, if things change and it's determined that we need more time, we can adjust but as of right now, I feel like we're in a good place heading into November. That said, I know there is a lot of interest in this Model, so this meeting will provide an opportunity to gather more thoughts and use them to guide our discussion in advance of the November Meeting. I want to note that all meeting materials that we will discuss today including the draft Model have been posted on the NCOIL website for this meeting, and with that, I'd like to turn things over to the sponsor of the Model, Texas Representative and Past NCOIL President Tom Oliverson.

Rep. Oliverson thanked everyone who has reached out and provided thoughts and comments on the Model. Before I begin my comments, I specifically want to take a moment to thank and recognize Michigan Representative and NCOIL Secretary Brenda Carter, as well as NCOIL President and Minnesota Senator Paul Utke, for serving as co-sponsors on this important piece of model legislation. Being strongly bipartisan is sending a great message which is consistent with our mission at NCOIL to be focused on good and timely policy.

As the Chairman stated, the goal here is to take final comments and then release an updated version of the Model in the 30-day materials for consideration in November. I think the Model is in a good place. I have received some good feedback from various stakeholder groups, much of which we've been able to incorporate, some of which we are probably not going to, and I'm going to go into that just to kind of give you a bit of a heads up here in a second. But I do want to, before I get into the nuts and bolts, just make a couple of quick points. As I said at the Summer Meeting, the intent of the Model is not to do away with the 340B Program. I think, and hopefully everybody on this call recognizes, that eliminating the 340B Program would not be a good public policy decision. It is a critically important program for expanding access to care, especially for our most vulnerable citizens.

And so eliminating it is neither the goal of this particular Model, nor would it even be possible to do as it's a federal program so obviously structural changes would need to be done at the federal level. With that being said, I think we can all recognize that the current Program, as it is today in 2026, has certainly grown in some strange directions or far away from where the Program began and the population and types of covered entities that it was designed to protect and assist. As state policymakers, what we can do is require transparency in terms of how these dollars are flowing into the state and how these dollars are being spent and what the costs are. I would point out that since we first took up this conversation, we initially were looking at a law out of Indiana. Since that time, other states have added their own take on 340B transparency and some of the very good comments that we've received, which are going to be incorporated into a subsequent draft of this Model, concern some positive changes that were made in Illinois as they attempted to look at the same issue. And so, more states are looking at this: red states, blue states, big states, small states.

Accordingly, it is very timely for us to act and serve as a unifying voice and put our best foot forward as far as what is the best policy. I think meaningful transparency certainly is something that needs to be balanced with not creating an unworkable administrative burden. I've heard that over and over again from various stakeholders. For example, one comment that was submitted, which I believe is pretty reasonable, is having hospitals submit 990H forms instead of filling out a brand new form, and it would essentially capture similar sought after information without creating a duplicate reporting requirement that would be

cumbersome. We send a strong message that I think states have a right to have information, they have a right to know. But that doesn't mean that we have to be the most difficult as far as how we obtain that information. If similar information is being obtained in another document, then incorporating that document seems a reasonable alternative.

There has been conversation that's come up repeatedly about including drug manufacturers in this Model. I'm just going to say that's probably not going to make it into the final version of this Model. This Model is tailored towards covered entities. NCOIL has a separate model act looking at pharmaceutical price transparency which specifically deals with the manufacturers and their costs and their prices. Many states have already adopted that or some version of that, and I would point out that the covered entities in this model are not part of that particular model. So the idea that just because it touches a certain space that we have to loop everybody into it is not consistent with how NCOIL has operated in the past.

That's where I think we're going to draw the line on this. I am certainly open to the idea that we could incorporate a drafting note to just say something to the effect of manufacturers have a role in the 340B Program, and if your state already doesn't have a transparency piece looking at the pharmaceutical manufacturer side of things, you may want to consider incorporating some transparency language. But I don't want to go as far as to put that in the Model because, as I said, we already have a model on that, and multiple states have already adopted it and it is working.

I think those are some of the main things I want to say. I'm appreciative of the comments that I've received, specifically from the American Hospital Association (AHA) and we're trying to find some common ground there. But I think we are moving forward with the Model with the consent of the Committee. I also want to say that I appreciate the hard work and willingness to work offered by the Ascension Hospital System, which has been very good about providing constructive feedback and sort of how we can get to a workable middle ground on transparency that's not overly burdensome. I really appreciate the good faith effort there, and look forward to continuing the conversation.

Joe Burchfield, National Director of State Policy at Ascension stated first, I want to thank the committee for the opportunity to speak today and express my appreciation to Rep. Oliverson and NCOIL staff for their time over the last few weeks to collaborate and work on this Model. As a multi-state Catholic health system, we're focused on care of the poor and vulnerable, and as a result of that, the 340B Program plays a central role in helping us fulfill that mission. We operate 39 qualified covered entities across 9 states, so we have good experience in this area and good perspective. Our commitment to program integrity and transparency is foundational to how we operate as an organization. We have 3 guiding principles we use for the 340B Program that our work benefits: that benefits from the Program are used to provide services to the poor and vulnerable; that our participation can serve as a model for others to follow; and that our program is implemented with integrity and is aligned with our mission, vision, and values. We have built and maintained a comprehensive, compliant 340B program that's guided through four other internal pillars: compliance through internal system and regional governance that ensure program integrity; advocacy partnerships like we're having today with policymakers that demonstrate accountability and our commitment to transparency; stewardship to implement programs that bring access and affordability for poor and vulnerable patients; and optimization to evaluate opportunities to grow services that support indigent populations.

We publish information on this work on our website. That includes details about our approach and commitment, as well as the ways the program supports our mission in our communities across our 9 states. Across our footprint, discounts for manufacturers through the 340B program support free or reduced cost medication and community and patient tailored services and programs. These discounts help fund programs that address a wide variety of conditions among our most vulnerable populations, including diabetes, cancer, and

behavioral health. Discounts also help support programs that meet unique community needs, like transportation, primary care, and other health and well-being initiatives. We support transparency. We support streamlined policy approaches that identify the acquisition cost and reimbursement for 340B drugs, and how those lower acquisition costs help safety net providers like Ascension fund critical community care programs.

Our experience with enacted transparency laws across multiple states provides insight into the challenges created by expansive reporting requirements that don't always meet the goals that have been shared for this Model. As Rep. Oliverson noted, the draft Model follows similar stipulations in Indiana's law, where we completed our first reporting cycle just earlier this year in April and while it's inclusive of the key points, we think there is an opportunity to streamline and better align with the stated goal of the Model Act. As Rep. Oliverson has alluded, one such way that we think we can do that is through modeling off of the Illinois law that passed earlier this year, which notably did pass with support of the state's hospital association. I think it represents a meaningful approach to this work with all sides coming together. This streamlined dataset still identifies elements that are essential to the stated goals of the Model but keeps that administrative burden in check by leveraging existing reportable data. Again, as Rep. Oliverson noted, I will spare you the list of specific requirements there, but it does cover the three primary goals as well as including descriptions of any adverse program audits a covered entity receives in the previous 12 months and descriptions of how savings are used, especially to increase access to care for patients. We also understand, as Rep. Oliverson noted, the intent here to focus on hospital and covered entity reporting, but we do see that value in more holistic reporting, and we are appreciative of any consideration to a drafting note. I'm happy to answer any questions you may have about this but really, I just want to express our continued appreciation for the partnership we have here at NCOIL and look forward to continuing to work together.

Rep. Matt Lehman (IN) stated I'm from Indiana and when this law went into effect, I think there was some concern on how that's all going to look and I think we've had a good first year. I think we're getting the data that we wanted to see. If I look at the Model, it pretty much is what Indiana has done. Now I've not seen the Illinois changes, but I support building on this and I agree with you, Rep. Oliverson, that there's a movement of some folks to just eliminate the program and I think that would be disastrous. It just has to have some parameters put around it, and that's reporting. I'm fully supportive of where Rep. Oliverson wants to go on this but I just want to let you know, being from Indiana and helping shepherd this through, it has worked out very well.

Hearing no other comments or questions, Rep. Oliverson stated I really appreciate everyone's time today. I want to again express my appreciation to our friends from Indiana, especially Rep. Lehman. I think they gave us a great sort of direction to follow. And thanks specifically to Mr. Burchfield because he really has actually brought some very constructive ideas. I do believe at the end of the day, Mr. Chairman, that we're going to end up with a really good Model that essentially all 50 states can confidently adopt for transparency purposes. With that, I appreciate your time today, and I look forward to seeing everybody in November.

Asm. Dilan thanked everyone and stated that and I guess being that there's not much opposition, I'm confident that we'll be in a good place to vote on this in November. We still have a month or so to work on any minor changes, which it sounds like Rep. Oliverson has already been working on. Please reach out to myself, Rep. Oliverson, or NCOIL staff with any questions on this between now and November.

OPPORTUNITY FOR COMMENT/DISCUSSION ON MODEL LAWS SCHEDULED FOR RE-ADOPTION BY THE COMMITTEE AT UPCOMING ANNUAL MEETING IN NOVEMBER

Asm. Dilan stated the next item on our agenda is an opportunity for comment and discussion on the model laws scheduled for re-adoption by the committee at the upcoming Annual Meeting. The Committee has two model laws that are scheduled for consideration for re-adoption. As a reminder, per NCOIL bylaws, all NCOIL model acts are scheduled to be considered for re-adoption every five years. If a model is not re-adopted, it sunsets. The models taken up for re-adoption by this committee in Florida are the Resilient Revolving Loan Fund Model Act and the Company Licensing Modernization Act. I note that these models will not be voted on for re-adoption here today. Rather, this is an opportunity for any initial comments and discussions in advance of the next meeting where the actual vote will take place.

No comments or questions were offered on the Models by legislators or interested parties.

ADJOURNMENT

Hearing no further business, upon a Motion made by Rep. Lehman and seconded by Rep. Meredith, the Committee adjourned at 1:00 p.m.